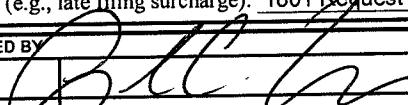


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Fee Transmittal For FY 2009		Complete if Known	
		Application Number	10/518,553-Conf. #8402
		Filing Date	December 22, 2004
		First Named Inventor	Juhana ENQVIST
		Examiner Name	W. T. Lin
		Art Unit	2154
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		TOTAL AMOUNT OF PAYMENT (\$ 810.00)	
		Attorney Docket No. 0365-0616PUS1	

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 02-2448		Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION																			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																			
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES														
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)												
	Utility	330	165	540	270	220	110	_____											
	Design	220	110	100	50	140	70	_____											
	Plant	220	110	330	165	170	85	_____											
	Reissue	330	165	540	270	650	325	_____											
Provisional	220	110	0	0	0	0	_____												
2. EXCESS CLAIM FEES																			
Fee Description																			
Each claim over 20 (including Reissues) 52 26																			
Each independent claim over 3 (including Reissues) 220 110																			
Multiple dependent claims 390 195																			
<table border="1"> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> <th colspan="2">Multiple Dependent Claims</th> </tr> <tr> <td>- or HP =</td> <td>x</td> <td>=</td> <td></td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> </table>								Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		- or HP =	x	=		Fee (\$)	Fee Paid (\$)
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims															
- or HP =	x	=		Fee (\$)	Fee Paid (\$)														
HP = highest number of total claims paid for, if greater than 20. _____																			
<table border="1"> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> <th colspan="2">Multiple Dependent Claims</th> </tr> <tr> <td>- or HP =</td> <td>x</td> <td>=</td> <td></td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> </table>								Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		- or HP =	x	=		Fee (\$)	Fee Paid (\$)
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims															
- or HP =	x	=		Fee (\$)	Fee Paid (\$)														
HP = highest number of independent claims paid for, if greater than 3. _____																			
3. APPLICATION SIZE FEE																			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																			
<table border="1"> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>- 100 =</td> <td>/50 =</td> <td>(round up to a whole number) x</td> <td>=</td> <td>Fees Paid (\$)</td> </tr> </table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	- 100 =	/50 =	(round up to a whole number) x	=	Fees Paid (\$)		
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)															
- 100 =	/50 =	(round up to a whole number) x	=	Fees Paid (\$)															
4. OTHER FEE(S)																			
Non-English Specification, \$130 fee (no small entity discount)																			
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... 810.00)																			

SUBMITTED BY	
Signature	
Name (Print/Type)	James M. Slattery
Registration No. (Attorney/Agent)	28,380
Telephone	(703) 205-8015
Date	April 13, 2009